

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	24	<input type="checkbox"/>
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	3 minus 3 =	<input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY  
TYPE**

RATE	FEE	RATE	FEE
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=	<input type="checkbox"/>	OR X\$18=	72
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>	OR TOTAL	822

**OTHER THAN  
SMALL ENTITY**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>	OR TOTAL ADDT. FEE	<input type="checkbox"/>

**AMENDMENT A**

(Column 1) (Column 2) (Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 24	Minus	** 27	=
Independent	* 3	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

**AMENDMENT B**

(Column 1) (Column 2) (Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>	= <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

**AMENDMENT C**

(Column 1) (Column 2) (Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>	= <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X42=	<input type="checkbox"/>
+140=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 18=	<input type="checkbox"/>
X84=	<input type="checkbox"/>
+280=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>